

1.5.14.5 Co-Occurring Disorders
Jean Henry, Team Leader/Contact
Incentive: 1 % of Total State General Funds
<i>Rationale</i>
<p>Departmental data suggested that 11.9% of the clients served by the Regional Boards during FY 2003 had co-occurring mental health and substance abuse diagnoses. The data from client self-reports in the KTOS gave greater evidence of co-occurring disorders than do the diagnoses recorded in the state client data set and event data set.</p> <p>In order to identify the clients who have a mental health diagnosis within the substance abuse treatment centers all clients with a completed psychosocial will be administered an identified screening tool.</p>
<i>Requirement:</i>
<p>(1) Identify screening tool for identifying co-occurring mental health diagnoses; (2) Describe staff training on the tool; (3) Identify the number of clients screened; (4) Written policy, approved by DMHMRS, addressing treatment protocol for clients who have been identified as having a co-occurring mental illness</p>
<i>Indicator:</i>
<p>95% of clients who receive services after July 1, 2006 with a primary diagnosis of substance abuse per RDMC data will be screened. Treatment protocol is approved by DMHMRS by December 30, 2006.</p>
<i>Documentation:</i>
<p>Submit documentation of treatment protocol by October 30, 2006.</p> <p>Screening data is submitted within 30 days of the end of each quarter (October 30, January 30, April 30, and July 30) to the Commissioner.</p>
<i>Incentive Breakdown:</i>
<p>Screening: 95% compliance = $\frac{3}{4}$% of 1% 85% compliance = $\frac{1}{2}$% of 1% 75% compliance = $\frac{1}{4}$% of 1% Below 75% compliance = 0% of incentive Approved Treatment Protocol: $\frac{1}{4}$% of 1%</p>

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